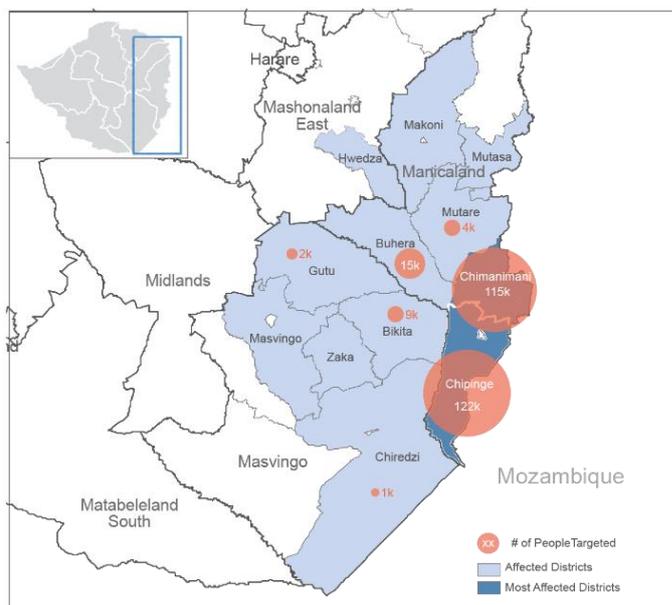


This Situation Report is produced by OCHA Regional Office for Southern and Eastern Africa in collaboration with humanitarian partners. The Situation Report builds on Flash Updates No. 6 and provides more detailed information on the situation and response. It covers the period from 14 – 21 May 2019. The next Situation Report will be issued on or around 4 June.

HIGHLIGHTS

- The re-settlement of families to temporary camps in Chimanimani continues. A third camp site, which is nearing completion, will cater for another 42 families. However, 346 individuals who are in four collective centres will require alternative temporary accommodation.
- Long-term settlement planning remains a concern. It is expected that temporary camps will be required until the end of 2019.
- The Displacement Tracking Mechanism (DTM) assessment at the village level has been completed covering 104 of the worst-affected villages.
- Early recovery assessment and planning is nearing completion. The World Bank has concluded its field mission rapid assessment and estimates that the recovery cost will be \$640 million.
- About 250,000 people have received food assistance, including 50,000 vulnerable people (children under age 5, pregnant and lactating women, people living with HIV and the disabled) who have been reached through blanket supplementary feeding.
- The second and last round of the oral cholera vaccination (OCV) campaign in Chimanimani and Chipinge districts is underway.
- Funding commitment for the response remains at under 50 per cent (\$27M) and insufficient to cover ongoing multisectoral interventions.



250,000

people covered with food support

38,000

children back to school and supported with education materials

14,348

mothers received Infant and Young Child (IYCF) counselling

8,500

children reached with Child Protection support

175,000

people received WASH support

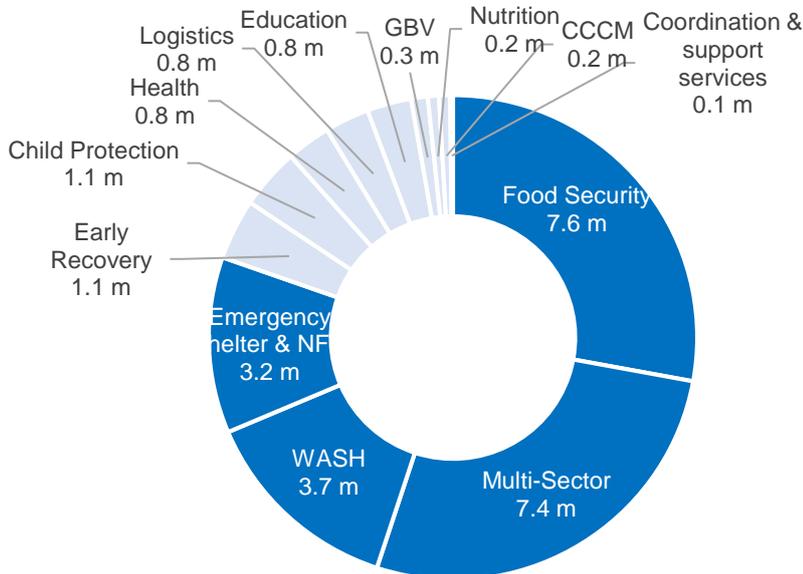
SITUATION OVERVIEW

Although the re-location of displaced people residing in schools has been completed, 346 individuals continue to reside in four collective centres. The third temporary camp, which is still under construction, will not be sufficient to cover these numbers. The informal camp settlement in Kopa is a continuing concern and UNHCR is engaging with the District Administrator on arrangements to move to a more suitable site already identified. Discussions with local authorities and national government entities will be required to ensure more sustainable accommodation in the longer-term for all families residing in serviced camp sites. At this point, it is clear that permanent re-settlement will not be undertaken before the end of 2019. All stakeholders will need to engage and plan for continued servicing of temporary camps. Early recovery programming continues and institutional stakeholders (World Bank and UNDP) have completed rapid in-field assessments. With the African Development Bank (AfDB) also engaging, close coordination and synergy will be required to ensure complementarity and that early recovery funding is channelled timely if a smooth transition from humanitarian support to rebuilding livelihoods and communities is to be achieved.

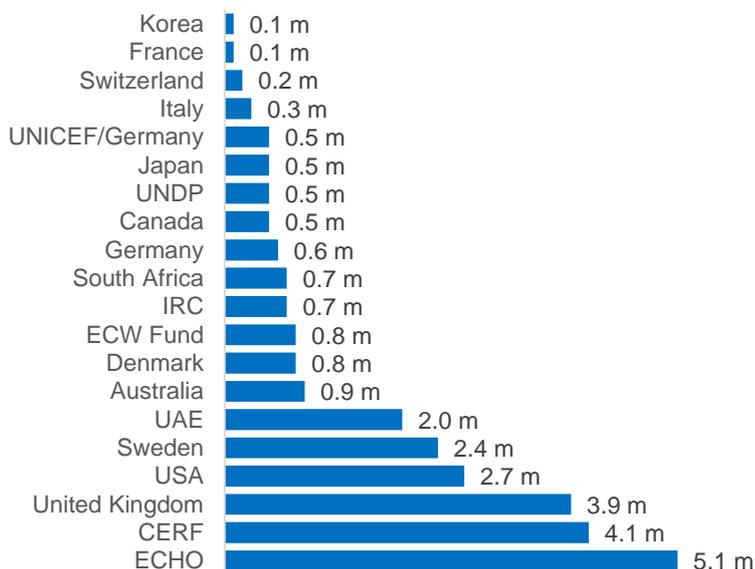
FUNDING

The revised Flash Appeal, which calls for US\$294 million (including \$60 million for the Cyclone Idai response), was launched on the 5 April. To date \$27 million has been committed by donors for the Cyclone Idai response. Member States whose contributions are not yet reflected in FTS are encouraged to report as soon as possible [here](#).

Contribution to the Flash Appeal and outside by Sector



Contributions to the Flash Appeal and outside by Donor



HUMANITARIAN RESPONSE

Camp Coordination and Camp Management

Needs:

- In Chimanimani, four collective centres remain, which are catering for 346 individuals. Existing temporary camps will not be sufficient to cover this caseload.
- With a considerable number of displaced people residing in host communities and temporary camps, a balanced humanitarian support is required to defuse potential tension within the communities.
- Two temporary camps are now fully occupied and CCCM Cluster partners continue to engage to improve camp conditions through community participation, camp lifecycle, capacity building and boy/girl empowerment.
- Partners are waiting for guidance on permanent re-settlement and especially tentative timeframe. Stakeholders will need to continue camp operational support well beyond June 2019.
- In discussion with a World Bank assessment mission to Arbotatum the following was noted: the need to establish a temporary Early Child Development (ECD) centre, mobile health facilities to reduce the distance to health centres and to create more space at child play centres.

87

households voluntarily settled
in two temporary camps in
Chimanimani

Response:

- The village-level DTM assessment has been completed covering 104 villages in Chimanimani and Chipinge districts. Information with regard to host communities has been recorded and covers host and displaced family intentions in the context of continued hosting and/or return. The assessment details the needs requirement for both displaced and host families.
- Development of Garikai camp is ongoing and expected to be completed and ready for occupation by early June (42 tents are pitched from 83 planned). At Aboretum camp, five cooking stations have been completed and for all camps WASH facilities have been improved.
- Several partners are providing multi-level support to the camp residents. Needs covered include assessment of children's standards of living and safety of orphans residing with relatives, health training and maintenance of health standards for camps.
- Soap, solar lights, kitchen tools, cooking oil, soft drinks and soya chunks has been distributed by local partners.

Gaps:

- Noting the need to ensure that temporary camps should only be required in the short-term, a clear focus is required to finalize the longer-term planning.
- Immediate planning and programming for camp support and servicing for the period beyond end of June. Camp WASH facilities (toilets) have a limited usage period.
- Sustained and reliable food assistance distribution.

Early Recovery

Needs:

- Restoration of weather monitoring infrastructure damaged by cyclone.
- Restoration of basic services in shelter, livelihoods, WASH, education, health systems.
- Rehabilitation of critical community infrastructures.
- Livelihoods restoration.
- Road and bridge infrastructure repairs especially primary access routes to Chimanimani.
- A cohesive and coordinated programming approach by all institutional stakeholders.

\$6m

Funding gap

Response:

- Repairs and rehabilitation of critical school facilities to pave the way for schools opening for the second term.
- UNDP has finalized a socio-economic impacts and needs assessment report.

- UNDP in collaboration with the Department of Civil Protection (DCP) is consolidating multisectoral assessment reports conducted by various agencies (governmental and non-governmental agencies) to determine post-disaster recovery needs
- SAFIRE conducting environmental damage assessment
- Development of Early Recovery Plan informed by Early Recovery Needs Analysis will be presented to the HCT on 23 May.
- UN Habitat is conducting spatial planning and settlements assessment in order to determine options for risk informed relocation and/or resettlement
- The NGO Practical Action is conducting resource mobilization for agriculture and energy projects targeting most vulnerable groups
- Rehabilitation of water reticulation systems in Chimanimani by ADRA Zimbabwe.
- Rehabilitation of irrigation systems through conditional and unconditional cash transfers by Cafod
- Reconstruction of permanent houses by CRS.
- World Bank experts engaging in-country and coordinating with Early Recovery stakeholders. Briefing given to the international community on field mission findings and the WB engagement process for up to \$75M. Proposal package to be presented for WB Board approval in July.
- Private sector well advanced with assessment in the context of addressing Chimanimani housing needs.

Gaps & Constraints:

- Coordination and communication between national (strategic) and provincial (operational) levels of the response
- Technical capacities to ensure building back better in infrastructural rehabilitation and reconstruction
- Timing of ER activities vis-a-vis the schools' calendar in terms of following reconstruction standards
- Detailed infrastructure damage to buildings might delay some reconstruction activities as BOQs need to be specified.

Education

Needs:

- Significant gaps still remain in provision of repairs and reconstruction of damaged classrooms.
- Post disaster assessment - some of the issues coming up include monitoring attendance in schools and tracking children who may not be attending school.

38K

children enrolled and receiving schooling in the first week of Term 2 in Chimanimani and Chipinge

Response:

- All schools reported and by end of first week attendance reached good levels (98 per cent for learners and 100 per cent for teachers). Attendance will become a monitoring priority throughout the school term, together with tracking those not attending to understand where they are and what barriers they still face. UNICEF team already started the monitoring process and confirms some positive trends in enrolments. Because the data collected so far was compiled using returns to the respective district education offices, consolidation of the data is a slow and tedious process and efforts are underway to develop an SMS-based system that can be used to collect data more efficiently.

Some Enrolment During the First Week of Term 2 (Based on data from DSIs)

	ENROLMENT								
	Chimanimani			Chipinge			GRAND TOTAL		
	Female	Male	Total	Female	Male	Total	FEMALE	MALE	TOTAL
EDUCATION									
# of school children in ECD in humanitarian situations accessing formal education	0	0	0	103	117	220	103	117	220

in urban areas (likely age group 3-5yrs)									
# of school children in primary in humanitarian situations accessing formal education in urban areas (likely age group 6-12yrs)	0	0	0	518	518	1,036	518	518	1,036
# of school aged lower secondary children in humanitarian situations accessing formal basic education in urban areas (likely age group 13-16yrs)	330	374	704	0	0	0	330	374	704
# of children living with disabilities accessing formal basic education in ECD in urban areas	0	0	0	0	0	0	0	0	0
# of children living with disabilities accessing formal basic education in primary education in urban areas	0	0	0	5	5	10	5	5	10
# of children living with disabilities accessing formal basic education in lower secondary education in urban areas	0	0	0	0	0	0	0	0	0
# of school children in ECD in humanitarian situations accessing formal basic education in rural areas	1,476	1,480	2,956	1,143	1,204	2,347	2,619	2,684	5,303
# of school children in primary school in humanitarian situations accessing formal basic education in rural areas	7,369	7,342	14,711	6,431	6,545	12,976	13,800	13,887	27,687
# of school children in lower secondary education in humanitarian situations accessing formal basic education in rural areas	784	942	1,726	352	398	750	1,136	1,340	2,476
# of children living with disabilities accessing formal basic education in ECD in rural areas	0	0	0	0	0	0	0	0	0
# of children living with disabilities accessing formal basic education in primary in rural areas	96	89	185	14	2	16	110	91	201
# of children living with disabilities accessing formal basic education in lower	0	0	0	0	0	0	0	0	0

secondary education in rural areas									
TOTALS	10,055	10,227	20,282	8,566	8,789	17,355	18,621	19,016	37,637

- Dispatch of education supplies continuing in schools other than those covered in the last two weeks; reaching 11 targeted schools and 6,541 learners in Chipinge. Other materials include 200 white chalk, 100 assorted chalk boxes, 400 assorted markers, 400 manila sheets, 1,000 exercise books, 7 flip charts, 50 newsprint reams, 400 blue pens and 200 red pens.
- Rehabilitation of damaged toilets or construction of new ones ongoing. Excavations and commencement of super structure construction is being undertaken.
- Commitment to early recovery gaining momentum with:
 - Cascaded psychosocial support (PSS) and disaster risk reduction (DRR) to build capacity for a better response –where teachers, inspectors, headmasters, community leaders, students, and more in three school clusters covering 51 schools in Chipinge were trained. Last week, seven district facilitators and eight cluster trainers trained 210 participants. School level training starts this week.
 - Further conducted DRR trainings in 3 schools in Chimanimani

Gaps & Constraints:

- There is an urgent need for expediting WASH facilities particularly toilets and washing points.
- Coordination remains weak at sub-cluster level. This needs to be addressed to ensure Education activities are well-coordinated within and across clusters and to synchronize the school selection process to avoid duplication thereby ensuring that all schools that need help are reached.
- About 40 schools in the Eastern side of Chimanimani district are in need of training for SDC members on their roles and responsibilities. MoPSE has not been able to do this because of resource constraints.

Food Security

Needs:

- A total of 160,000 people has been registered under Phase II in Chipinge and Chimanimani by Goal and the Zimbabwe Red Cross Society. An additional 30,000 people in Chimanimani are being registered by World Vision Int. this week.
- Reports from the provincial AGRITEX office in Manicaland indicate approximately 58 per cent (6,670 hectares) of maize area in Chimanimani and 8 per cent (3,882 hectares) in Chipinge were affected by the cyclone. The total area under all crop production that was affected in Chimanimani is estimated at 7,190 hectares, while in Chipinge it is 4,000 hectares for a total of 11,190 hectares in the two districts. According to the Second Round Crop and Livestock Assessment Report in the livestock sector, approximately 300 head of cattle, 514 sheep and goats are estimated to have been lost due the cyclone. These reports confirm findings from other assessments undertaken in the cyclone-affected districts.
- Definition of the Minimum Expenditure Basket in cyclone affected areas has started. There is a need to also harmonize the amount to be provided for Cash for Work activities.

250K

people reached with food assistance

Response:

- For the May food distribution cycle, cluster partners have so far reached 60,194 people in Chipinge and Chimanimani out of the 190,000 people targeted.
- FAO is currently working on the rehabilitation of two irrigation schemes in Chimanimani and four schemes in Chipinge to bring them to minimal functional capacity. Additional resources are required to restore the schemes to full operational capacity.
- Partners are currently preparing for the early recovery phase by conducting technical assessments of the community assets to rehabilitate and priority community work to conduct in the affected districts.

Gaps & Constraints:

- Coordination at district level remains challenging considering the wide range of partners involved in the multi-sectoral interventions. This being the case the importance of completing the 4W matrix is amplified. This tool will be updated by-weekly to monitor the number of people assisted against needs assessed.

- The Cash Working Group is currently updating the Minimum Expenditure Basket (non-food) given the changing economic dynamics since the exercise was conducted last year. The team will use the updated information from the ongoing Annual ZimVAC on expenditures to inform the multi-purpose cash interventions in the cyclone-affected areas as part of the humanitarian and early recovery response.

Health

Needs:

- While the health facilities in Chipinge and Chimanimani districts have continued to provide critical life-saving emergency health services including non-communicable diseases for the vulnerable people there is need to scale up these interventions and strengthening the building blocks of the health system, as well as to initiate early recovery interventions.
- Following an increase in the number of diarrhoea and malaria cases in several areas in Chimanimani and Chipinge districts there is need to strengthen surveillance and laboratory capacity in the detection of these priority disease conditions.
- Psychosocial and mental health support to humanitarian workers and communities has not been addressed fully and there is a need for inclusion of this component in the recovery plan to help the communities to build back better.

20,769

patients received medical care

Response:

- The catch-up campaign for all the Expanded Program on Immunization (EPI) antigens in Chimanimani and Chipinge is ongoing and into day seven. The exercise is led by the Ministry of Health and Child Care with the support from GAVI/ICG, WHO, UNICEF, World Vision Int. and other health partners. The coverage for administration of the three antigens and vitamin A is as detailed below:

Chipinge				
	MR	Vit A	HPV1	HPV2
Target	52900	52900	8890	25750
Achieved	31113	29590	2711	12667
Coverage	58.8	55.9	30.5	49.2

Chimanimani				
	MR	Vit A	HPV1	HPV2
Target	20730	20730	2450	8780
Achieved	11344	5997	796	4315
Coverage	54.7	28.9	32.5	49.1

- The last round of Oral Cholera Vaccination (OCV) campaign in Chimanimani and Chipinge districts is scheduled to commence on 27 May and end on 3 June 2019.
- To strengthen coordination, Health Cluster meetings were held in Mutare and Chipinge districts.
- The Health Systems Early Recovery Plan for Chimanimani and Chipinge was shared with World Bank in a meeting convened for all sectors in Mutare 17 May last.
- Pregnant women continue to be supported in health facilities and Maternity Waiting homes.
- 386 pregnant women were seen in the facilities with 22 institutional deliveries reported this week.
- UNFPA distributed 2,500 kits, 60 midwifery kits, 1,000 family kits, 1,000 mama kits and various other kits (with equipment and medicine) in Chimanimani and Chipinge.

Gaps & Constraints:

- A serious gap remains for cold chain equipment for vaccine storage in the health facilities in Chimanimani district. The situation is exacerbated by power outage and generator capacity.
- Access to chronic medicines is still a major challenge in the facilities in Chipinge and Chimanimani. Stock-have been completely depleted or at critical levels in most health facilities.
- Health Resources and Availability Monitoring System (HeRAMS) Assessment that was conducted by the Ministry of Health and Child Care (MOHCC) with support from the health partners revealed that the health facilities infrastructure in most facilities particularly in Chimanimani require renovations and this is one of the key activities planned for the recovery phase.

Nutrition

Needs:

- The Nutrition Cluster is planning to expand its response to include both flood- and drought-affected districts in Manicaland and Masvingo province covering Chimanimani, Chipinge, Mutare Rural, Gutu, Buhera, Nyanga, Bikita and Makoni districts. The expanded nutrition response will target/monitor approximately 2,430,100 people including 413,118 children and 194,408 pregnant and lactating women (PLW). The response aims to treat 13,157 children with acute malnutrition and reaching 136,086 PLW with infant and young child feeding support and other prevention activities as 70 per cent of the total nutrition burden. The cluster will continue to focus on scale-up and improving the quality of nutrition interventions in the most affected districts of Chimanimani and Chipinge.

14,348

mothers reached with
Infant and Young Child
(IYCF) counselling

Response:

- The integration of screening of acute malnutrition with the EPI catch-up campaign is ensuring comprehensive coverage in the both Chipinge and Chimanimani districts. During the reporting period, a total of 17,000 children under age 5 (27 per cent of the total population) were screened with 31 severe acute malnutrition (SAM) and 78 moderate acute magnetron (MAM) cases identified and referred for treatment. This brings the total number of cases since start of the response to 140 SAM and 268 MAM. Though the number of SAM/MAM cases identified marginally increased compared to previous weeks clinic referrals are below the expected caseload. This clearly indicates the nutritional status of the targeted population is under control and well below the emergency threshold.
- The outcome performance of the Outpatient Therapeutic Programme (OTP) is within the SPHERE standards. Approximately 25 patients have been discharged cured (82 per cent) and 9 defaulting (18 per cent). With improved training of health workers, better reporting and more engagement with the VHW to reduce the defaulting rates OTP performance is expected to improve.
- Promotion of appropriate infant and young child feeding (IYCF) and care practices is ongoing with the support of nutrition partners ADRA, GOAL, Save the Children, NAZ and World Vision Int. The IYCF integration with EPI was completed during the EPI catch-up campaigns and is now embedded in health facilities.
- During the reporting period, a total of 9,736 caregivers (45 per cent of total caregivers targeted) were reached for the purpose of counselling services and appropriate messaging.
- Prevention of micronutrient deficiencies is ongoing with both the vitamin A supplement (VAS) and distribution of multi-micronutrient powders (MNPs). The VAS is integrated into the routine EPI; during the catch-up campaign, 11,543 children received support.
- The micronutrient supplementation of Vitamin A has reached 8,749 children under age 5 (15 per cent of the target) and Multi-micronutrients powders (MNPs) has reached 14,008 children (25 per cent of the target).
- Approximately 50 per cent of the targeted children have received VAS in both Chimanimani and Chipinge since the start of the response. The MNPs distribution was distributed to 9,564 new households with children under age 5. Currently, 60 per cent of households with children under age 5 are receiving MNPs on a weekly/monthly basis.
- GOAL supported by WFP is targeting 23,400 children under age 5, 9,958 pregnant and lactating women in Chipinge district with CBS (Corn Soy Blend) blanket distribution.
- ADRA, World Vision and Save the Children are planning to reach over 10,000 children under age 5 in Chimanimani district with blanket supplementary feeding (BSFP) in the period May to June.
- The monitoring of breastmilk substitutes (BMS) and awareness creation on the dangers of BMS is ongoing, currently with a focus at the national level.
- Nutrition coordination meetings held on a weekly basis at the National, Provincial and District levels.

Gaps & Constraints:

- Poor coverage of the blanket supplementary programme (BSFP) especially in Chimanimani district may affect the continuum of care for children discharged from the OTP programme and may relapse to SAM/MAM with increased mortality risk.
- Lack of adequate nutrition specific health workers in Chipinge district is affecting the overall quality of the nutrition intervention and poor reporting of indicators.
- Lack of adequate funds to scale-up the response especially for capacity building.

Protection (child protection, GBV, mental health)

Needs:

- The process of relocation to temporary tented camps potentially leads to increased protection concerns. Lack of information on long-term rehabilitation plans, harsh conditions and limited services available at the place of relocation creates anxiety. The lack of transparency on the future plans and the fear of losing property negatively affects the communities. This atmosphere increases the incidence of domestic violence especially in camp-like living conditions.
- With the number of actors dealing with protection, child protection and SGV increasing, better coordination at the field level for data collection and consolidation, information management and quality of service delivery remains to be a need and challenge.
- Protection mainstreaming across sectors (with a specific focus on NFI/ Shelter/ CCCM, WASH and Food Security) through technical support and half-day training on the IASC guidelines and checklist. In particular in relation to relocation and the transition to the recovery phase.
- The Child Protection sub-sector has documented cases of children displaced from Chimanimani to Chipinge and Buhera where they face new protection risks that need to be assessed and addressed.
- The situation of children placed with relatives or foster families is fragile. With the resources of foster families being exhausted, they are at risk of being abandoned. There is a comprehensive system to monitor their situation and respond their needs, including providing support to and educating foster families.
- High-level interventions are needed as to the continued presence of the armed forces. Tough reduced, at school facilities in Chimanimani there are reports of involvement in humanitarian response.
- “Local” humanitarian aid workers need PSS support at the provincial- and district-levels programmes needs to be harmonized.
- With recent re-opening of schools, it is essential to reach out to the youth at schools and colleges to inform them in regard to mental health literacy, trauma care and also in protection against sexual exploitation and abuse (PSEA). There is need for general orientation on PSEA with stakeholders including government officials.
- The psychosocial response to all affected persons including children and parents needs improved internal coordination within the psychosocial working group at field level and with other sectors in coordination with the Health and Education Clusters to ensure our interventions respect the standard, quality service delivery and avoid overlapping.

>8,500

children reached by the
Child Protection partners

Response:

- During this reporting period, the focus has been to manage the relocation from school sites and other locations to the serviced tented camps and, especially, to address the many concerns expressed by those being moved. The Protection Cluster, together with other partners, advised CARE International (IOM's CCCM partner) on a number of measures to ensure safety and security and well-being of the camp residents and also organized NFI distributions and other measures to ensure the well-being of residents.
- The Child Protection Sub-Cluster has increased its capacity to respond to the need of Idai-affected children including the expansion of partner intervention in other districts that up to now had very limited Child Protection coverage. In addition to existing members (Regional Psychosocial Support Initiative (REPPSI), Childline, World Education, JF Kapnek, Africaid, Child Protection Society and Save the Children and Higher Life Foundation), the Child Protection Sub-Cluster now includes MSF Belgium and Plan International. This additional capacity will improve the provision of Psychosocial Support to affected people in Chimanimani and Chipinge.
- The Child Protection Sub-Cluster has also conducted field visits in Chipinge and Buhera to assess on Child Protection partners' field presence, coverage of intervention and gaps. In these two locations, the team has provided support and guidance to child protection stakeholders for the upcoming update on Child Protection needs assessment as well as for other sectors on child protection mainstreaming within their respective sectors.
- To date, the Child Protection Sub-Cluster has reached a total of 8,518 children (3,880 boys and 4,638 girls), of those 7,922 children (3,593 boys and 4,328 girls) were in Chimanimani and 596 children (287 boys and 309 girls) in Chipinge.
- Psychosocial activities have benefited a total of 6,503 children (3,097 boys and 3,406 girls) in four child-friendly spaces in Chimanimani Secondary & Chimanimani Primary School in Ngangu, Rusitu in Koppa and Tongogara refugee Camp in Chipinge. During the reporting period, a total of 157 children (61 males and 96 females) were reached with PSS services including both individual & group therapy as well as play therapy. To improve quality on services in the Child Friendly spaces, Save the Children supported by Red Cross has

conducted training for 16 (8 male and 8 female) community care workers on First Aid in Chipinge and Chimanimani.

- A total of 531 (292 boys and 249 girls) unaccompanied and separated children have been identified and documented. Among them, 492 children (259 boys and 233 girls) have been placed with extended families while 49 (33 boys and 16 girls) are in alternative care arrangements.
- During the reporting period Child line and World Educational International identified 16 (9 males and 7 females) new cases of separated and unaccompanied children in Koppa. CPS continued follow up visits for 63 children (31 girls, 3 boys) who are in kinship care in Chimanimani to ensure they are coping well within the foster families and referred them for education support by Higher Life Foundation.
- The relatives of one male child aged 9 from Ngangu were traced in Birchnough and Rusitu but the child is still reluctant to move and remains in the foster family where social workers will continue to work with him to prepare the reunification.
- As the response moves towards early recovery interventions where community is expected to play a critical role, community awareness activities need to be intensified to reach the maximum of community members especially community and religious leaders. To date, 17,048 individuals (4,754 boys, 6,182 girls, 1,811 men and 4,301 women) in Chimanimani (Kwirire, Mutsvangwa and Nyamatanda camp) and Chipinge have been reached. The content of the delivered package includes child safeguarding, CPIE including GBV and Child monitoring.
- Child Protection Society & Childline conducted positive parenting session for caregivers at Nyamatanda camp, Ngangu and Chipinge on safe parenting skills during emergencies including child rights, trauma management and communication with children. To date, these sessions have benefited to a total of 4,088 parents and care givers (1,496 male and 2,592 female). During the reporting period, Child line and Africaid conducted positive parenting sessions with care givers including parents of children living with HIV on child rights and conflict resolution. In addition, follow up visit was conducted for 44 parents (13 female and 31 males) on parenting support through case conferencing and counselling.
- To date, 340 disabled children (180 boys and 160 girls) have been identified and provided psychosocial and medical support including casting severely injured children or at risk of permanent disability. JF Kapnek Trust conducted follow up visit for 11 children (5 boys and 6 girls) with disabilities including those who were injured at risk of developing disabilities. A total of 21 new cases (13 boys and 8 girls) were identified during the community awareness sessions. In addition, JF-Kapnek rehabilitation staff provided rehabilitation services (exercises, disability assessment and X-ray) to two boys at Mutambara.
- GBV partners with technical and financial support from UNFPA continued to provide mitigation, prevention and response to GBV, including PSEA sensitization, in Chimanimani and Chipinge.
- A total of 802 individuals (112 male and 521 female in Chimanimani, 29 male and 140 female in Chipinge) received psychosocial support from mobile clinics and safe spaces run by Musasa in Ngangu and Chipinge and IRC in Koppa. A total of 2,790 individuals have been reached since beginning of response.
- As part of the GBV mitigation efforts, a total of 180 most vulnerable women and girls (96 Chimanimani and 84 Chipinge) received dignity kits through the established safe spaces and community outreach in Chimanimani and Chipinge, in partnership with Musasa, IRC and FACT. Since the beginning of response, 2,176 women and girls have been reached. In addition, 442 women received information on safe space services in focus group discussions lead by IRC in Koppa. Discussions regarding the risks faced by women and girls during natural disasters were held including ways to enhance the protection environment and complaints system.
- A total of 70 complaints (32 female and 17 male in Chimanimani and 13 male and 8 female in Chipinge) on GBV and PSEA were received through the safe spaces (bringing the total of received complaints since beginning of response to 131).
- As part of the community outreach for sexual and reproductive health and rights (SRHR), 769 individuals (354 males and 435 females) were reached on GBV by community volunteers, 8 GBV survivors (6 males and 2 females) referred for services, while 200 individuals (71 males and 129 females) (excluding GBV survivors) were referred for other SRHR services. Total number of Community members reached with SRHR outreach and referrals since beginning of response is 3,545, while total GBV cases referred is 31, total 935 individuals referred to other SRHR services.
- Through partnership with African University leading the Manicaland mental health and PSS response team, 46 humanitarian and relief workers (27 female and 19 male) were provided with PSS and sensitized on PSEA in Chimanimani, Chipinge and Mutare, including CPU committees' members, mental health nurses and Red Cross volunteers from various professionals such as teachers, soldiers, social work from Mutare district. (Total reach since beginning of response 272 Humanitarian and relief workers).
- 10,000 PSEA IEC handouts (pocket guides) for both humanitarian aid workers and communities, in English and vernacular, have been produced by UNFPA and distributed to GBV sub-cluster partners for dissemination during PSEA interventions
- The GBV sub-cluster, in coordination with the Protection cluster and Child protection sub-cluster, has engaged CCCM and Shelter clusters in preliminary discussions on the criticality of incorporating Protection

into camp management and relocation plan. The Team has developed a protection checklist (IASC GBV and CP guidelines) as a basis for technical support to cluster teams.

- Discussion on PSS response with Health and Education clusters was undertaken. Outcomes will be shortly reported.

Gaps & Constraints:

- In addressing the relocation of displaced families, the Government's mid to long-term plan on housing and return solutions needs to be clarified to give the necessary assurances to both the displaced and affected communities. This is a pre-requisite to taking informed decisions as to more permanent settlement solutions.
- The ongoing Child Protection interventions are based on the need assessment conducted at the beginning of the response and need to be reviewed and adjusted to the new context to ensure children in formally inaccessible affected districts receive appropriate support and new needs including early recovery are addressed
- Ongoing discussion with Health, Education and GBV clusters will allow development of a harmonized PSS package aligned with national and international standards to improve quality services for affected children. Government line Ministries including Health and Social Welfare will need to be included in the process for national ownership.
- Confidentiality issues are not adequately addressed by the partners when collecting confidential data on GBV and HIV. Hence the need to provide training on information sharing protocol and informed consent prior to registration process.
- The inclusion of specific needs considerations including disability and other child protection concerns to be systematically integrated in the planning and implementation of other humanitarian sector interventions including, food distribution, WASH, health, nutrition and shelter
- The application of a GBV survivor-centred approach, such as confidentiality, privacy issues are not adequately addressed by some partners when collecting confidential data on GBV and HIV. Hence the need to provide training on information sharing protocol and informed consent prior to registration process.
- Access to SRHR services for affected populations, including menstrual health stress-related conditions seems constrained for those residing far from district health facilities.
- Systematic data desegregation by age and sex to be improved needs assessment, targeting and reporting
- Limited attention by clusters at provincial and district level on mainstreaming of protection (GBV prevention, CP, etc) into Shelter and WASH sectors during relocation and recovery phase and Education sector in view of schools reopening.

Shelter & NFI

Needs:

- Majority of displaced families continue to reside with relatives and community members (host families). Some are returning to their original homesteads without adequate shelter support. Cluster partners are encouraged to explore the feasibility of providing support to those vulnerable populations.
- There is a need for partners to provide additional winterization items (warm blankets, clothes, mats etc.) as winter temperatures set in.

27K

HHs reached with NFIs

Response:

- In collaboration with the District Administrator and to avoid duplication, shelter partners have been assigned specific wards to finalize village assessments.
- The Cluster seeks to ensure that partners respond to other districts which have not yet been assisted, including in certain parts of Chipinge.
- Assessments is carried out by cluster members to triangulate and verify reported levels of damage and destroyed houses in priority wards.
- Post-distribution monitoring training has been conducted by IOM for partners and local authorities in Chipinge.
- Cluster members have reached almost 27,000 households with non-food items in affected areas.
- Cluster partners have reached over 2,300 households (11,000 individuals) with shelter support in affected areas, and planned to reach additional 7,000 households with shelter support
- Private sector actors have committed to building 500 new homes and repairing 5,000 others in Chimanimani. Close coordination among the Government, private sectors and Shelter Cluster partners on relocation plan are essential.

Gaps & Constraints:

- In order to elaborate the strategy, local authorities have to share the map of prohibited area for reconstruction.
- Policies and plans related to relocation and reconstruction are needed in order to enable Cluster partners to prioritize and target shelter assistance effectively.
- Close linkages between private sectors and cluster members on shelter standards and verification criteria need to be established.
- 'Quality not quantity' approach emerging – fewer organizations are active due to funding constraints or shifting to the early recovery phase, but those active are doing important work.
- Concerns about potential adverse consequences of large-scale 'model village' on local communities: differences in quality/cost of partners' shelter interventions; HLP issues; forced relocation; social cohesion risks etc.
- For many IDPs who have been able to seek shelter with relatives and community members, there is a risk that hosting arrangements will add significant stress to hosting households. Cluster partners are encouraged to explore the feasibility of providing support to host communities and consider the provision of rental support.
- Updated hazard mapping and environmental risk assessments will be required to ensure that any rebuilding efforts – spontaneous or organized – will be safe and sustainable.

Water, Sanitation and Hygiene

Needs:

- The assessment report for Manicaland has been shared and gaps in water and sanitation infrastructure development/rehabilitation have been outlined. This will be a basis for updating the early recovery matrix.
- The Environmental Health Office/MoHCC in Chimanimani recommended that temporary latrines in schools should be decommissioned by 30 June 2019, in the interest of prevention of disease outbreaks. This date needs to be revised to allow for construction of permanent latrines
- WHO/Health Cluster continued to flag the persistent and raising diarrhoea cases in Chimanimani
- There is need for sustained hygiene promotion to beneficiaries affected by the cyclone in order to address of diarrhoeal diseases.
- Substantial WASH support to Kopa informal camp is pending identification of new site for the camp residents by Chimanimani District Administration.

175K

people provided with
WASH support

Response:

- Water trucking in Chimanimani stopped on 10 May 2019, safe water is now provided from rehabilitated and new water sources.
- Hygiene promotion is taking place in schools with temporary latrines
- WASH agencies continue to address the WASH needs in the diarrhoea affected wards in Chimanimani through hygiene promotion and promotion of chlorination of water
- In Chipinge, DDF, GOAL Africa Ahead, ACF, Christian Aid Oxfam are rehabilitating boreholes and springs, constructing new water points as well as new family latrines. They are also training community level mechanics to ensure proper maintenance of the water sources.
- In Chipinge, temporary latrines will be constructed in 10 affected schools. Hygiene kits will be distributed in affected schools.
- Water quality surveillance continues in Chipinge and Chimanimani in order to inform hygiene promotion and promotion of the safe water chain.

# of people receiving Hygiene kits (family kit or female dignity kit)	59,503
# of people receiving WASH NFI kits*	94,460
# of people receiving sanitation and hygiene messages	114,395
# of people with access to appropriate sanitation	22,316
# of people with access to safe & sufficient quantity of water	97,364
Number of People Reached ** (Sum of max of number of ppl reached among indicators in each Ward)	174,533+

Gaps & Constraints:

- Delayed start of construction of permanent latrines in schools with temporary facilities. The Department of Public Works are progressing slowly with the construction works.
- Some people in Chimanimani take spring water without treating it, because they believe that it is pure, thus predisposing them to WASH related diseases.
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🚚 Logistics**Response:**

- Twenty-one partners have been supported to-date.
- The weekly Logistics Cluster Coordination meeting is now held on Friday 10am at the PLAN International Board room.
- The logistic cluster is planning a lessons learned survey and information has been communicated to partners. A link to past Lessons Learned reports can be found on <https://logcluster.org/performance-review> and submissions or inputs can be sent to the following mail: Cycloneidailessonslearned@gmail.com
- The results of the completed Logistics Cluster user survey provided valuable feedback with a majority of respondents rating services facilitated by the logistics cluster as 'very good.'
- One 10 x 24 MSU at the Aerodrome has been emptied of stock and second MSU will be emptied by end of the month.
- Partners have been informed that storage services will be available after 31 May in Mutare through WFP. This will be done on the basis of full cost recovery given that local service providers for storage are available. Logistics Cluster will provide common logistics services as a last resort where no services are locally available to partners.

21

partners supported during the response

Constraints:

- In terms of road access constraints the latest version can be found [here](#).
- A dedicated webpage is set up for the operation: <https://logcluster.org/ops/zwe19a>

GENERAL COORDINATION

The frequency of inter-clusters coordination meetings in Harare is now twice monthly. At provincial level, cluster coordinators continue to meet weekly in Mutare and in districts partners are meeting on daily basis. Specific clusters continue to engage with respective ministries, district command centres and district administrators.

The information management working group is consolidating and analysing data from the detailed cluster Needs Severity Ranking tool as well as undertaking Strategic Response Tracking. This will provide response activity data linked to needs indicators on ongoing, planned and completed activities and will assist in the transition from humanitarian support to early recovery interventions.

UNDP, with responsibility for Early Recovery programming, has established the ER sector coordination forum and in collaboration with the Department of Civil Protection (DCP) is consolidating multi-sectoral assessment reports conducted by various agencies (Government and NGO sector) to determine post-disaster recovery needs. For ER programming, coordination/communication between national (strategic) and provincial (operational) levels of the response needs to be addressed.

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For more information, please visit www.unocha.org/rosea / www.reliefweb.int.

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